sometimes painful, in the evening or early night. Periodic leg movements (PLM) may occur during sleep. These are characterized by an extension movement of the hallux, dorsiflexion of the ankle and sometimes knee flexion and hip. The pathophysiology of RLS is not fully understood.
Studies have shown an increased prevalence of RLS in patients with Spinal cord Injury (SCI) or Multiple Sclerosis.
Objective The diagnosis of spasticity or RLS in patients complaining of repeated nocturnal spasms in patients initially seen in consultation because of spasticity resisting to pharmacological treatment.
Method Prospective study, from March 2014 to March 2015, monocentric, in the MPR Service Hospital Raymond-Poincaré. Inclusion criteria: age over 18 years, SCI, MS patients, with nocturnal predominance spasms. Exclusion criteria: presence of pressure sores, unable to achieve a polysomnogram.
Weekday hospital patients for predominantly nocturnal spasms resistant to pharmacological treatment of spasticity orally or even to intrathecal therapy (IT) IT baclofen, associated with sleep disorders, underwent a polysomnography. If RLS exists, 0.18 mg of pramipexole was administered to the patient, followed by a control polysomnography.
Results Eleven patients (5 MS, 5 SCI and a patient with hereditary spastic paraplegia) were included. All had polysomnography for RLS. A significant improvement was experienced on 10 patients, with a important reduction PLM on polysomnography control, after administration of pramipexole.
Discussion This pilot study shows that RLS may be a differential diagnosis of spasticity. The presence of nocturnal or supine position spasms, in patients with central nervous system lesions of SCI or MS types must result in the research for RLS and test the effect of dopamine agonists in the case of positive diagnosis.
Keywords Restless legs syndrome; Spasticity; Multiple sclérosis; Spinal cord injury; Dopamin agonist
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Contribution of ultrasound to confirm the injection sites of botulinum toxin identified by electrostimulation in the treatment of spasticity of the biceps brachii and brachial muscles

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Objective To study the contribution of ultrasound to confirm clinically identified injection points and then identified with electrostimulation.
Type of study Observational, descriptive, prospective.
Material and methods Fifteen patients having already received botulinum toxin injections were included (30 injected muscles). Two injectors realized the gesture with electrostimulation followed by an echographic examination of the position of the needle. Patients received treatment twice at a distance of at least 3 months. During the second injection, spasticity and GAS (goal attentment scaling) were reassessed before proceeding.
Results Ultrasound confirmed a concurring needle position in 80% of cases. Three discrepancies were observed in each series, one in one of the two points of the brachii biceps muscle and the other two on one of the two points of the brachial muscle. Spasticity decreased in 60% of cases according to the Tardieu scale and in 40% according to the Ashworth scale. GAS was at zero in 73.3% of cases.
Discussion This study showed that tracking with muscle electrostimulation afforded less precision than with ultrasound. Ultrasound helped for gesture accuracy and effectiveness. Spasticity decreased more when the location was good. The injection of botulinum toxin into the muscles with electrically stimulated tracking coupled with ultrasound would appear as a complementary technique, the accuracy of the gesture being reinforced by ultrasound and the presence of muscle tissue being confirmed with electrostimulation.
Keywords Spasticity; Dotulinum toxin; Dectrostimulation; Ultrasound
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SPACE: International, non-interventional study of botulinum toxin in treatment of spasticity

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Background Intramuscular injections with botulinum neurotoxin type A (BoNT-A) have become the first-line treatment for most patients with focal and multifocal spasticity. Multiple controlled trials have demonstrated the safety and efficacy of repeated BoNT-A injections for patients with focal spasticity. However, there is a lack of data on treatment approaches in real-life clinical practice and data on which patients in this diverse population are most likely to benefit from BoNT-A treatment. The purpose of the SPAsticity in PractiCE (SPACE) study is to understand how physicians use BoNT in the long-term management of spasticity, to evaluate the safety and efficacy of treatment with BoNT-A in "real-life" clinical practice and to collect information on treating physicians and their treatment preferences and decisions.
Methods SPACE is a prospective, non-interventional, open-label, multicenter, multinational study (106 active sites in 9 countries). Participants can receive any number of treatment sessions with any BoNT-A product available in their country, at the discretion of their physician according to individual patients' needs and physician's routine clinical practice.
Results Internationally 756 patients aged $\geq$ 18 years were included with spasticity of any aetiology who require BoNT-A injections and who have not been previously treated with BoNT-A or BoNT-B for any indication. In total, 106 active sites and 230 physicians were involved. In France, 126 patients were included, 21 active sites and 24 physicians were involved. Results show that most patients (66.4% overall) had post-stroke spasticity and that the most important key treatment goals were improvements of functionality (especially "in mobility" and "in dexterity and reaching").
Conclusion SPACE will help to further define the role of BoNT-A as part of a multimodal management approach for focal spasticity and to improve patient treatment according their needs. Data collected will help to identify challenges physicians face in managing patients with focal spasticity.
Keywords Botulinum toxin; Observational study in spasticity
Disclosure of interest The authors have not supplied their declaration of conflict of interest.

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